Introduction

Bearing witness is an important nursing concept—in fact a nursing intervention—that is currently gaining more recognition. Shifting from a strictly clinical, physical focused strategy to the offering of emotional, psychological, and spiritual support creates an environment more conducive to healing. In order to truly uphold ethics in nursing, bearing witness is a necessary intervention for nurses to practice daily with each patient encountered. This project explores current literature on the topic of bearing witness as it relates to presence, ethics, the nurse-patient relationship, and healing in nursing practice.

Literature Review

Presence - The concept of offering presence is an integral part of bearing witness. Cody (2007) appears as a pioneer for the “bearing witness—not bearing witness” concept. True presence involves an awareness and openness to the entirety of the patient’s needs without avoiding subjects simply because they are awkward or uncomfortable.

Bunkers (2009) also includes the act of living true presence as a critical listening strategy to build the nurse-patient relationship. Instead of seeing the situation from a strictly logical, medical standpoint, the one offering presence seeks to understand it from the point of view of the sufferer.

Ethics - The bearing witness-not bearing witness nursing intervention is demonstrated as having a strong ethical implication regarding a nurse’s treatment of a patient. In relation to the American Nursing Association Code for Nurses, it is clear that bearing witness-not bearing witness is rooted in the ethics of healthcare. The concepts of nonmaleficence, respect for human dignity, veracity, and fidelity, which are all core ethical values for nursing, are upheld by the practice of bearing witness. Stanley (2002), expounds upon the results of such abandonment as causing excess feelings of loneliness, vulnerability, and alienation. This abandonment contradicts the ethical principle of respecting the dignity of patients and seeking to provide the greatest good through the care given.

Healing - Not only is bearing witness crucial to nursing ethics, it is also a key to facilitating the healing process. Naef (2006) supports this idea and stresses the importance of building a nurse-person relationship that aids in the process of healing. He stresses that, by upholding a moral obligation to be “with” the patient, the nurse may assist the patient in moving beyond a state of suffering in the true, psychological, sense of the word. Having had firsthand experience with suffering, Frank (1991) reflects on his physical, emotional, and spiritual journey through heart attack and cancer, pointing to the importance of the nurse allowing the patient to express feelings and needs openly, without judgment.

Nurse-Patient Relationship - A nurse-patient relationship that fosters trust, love, and caring is most conducive to healing. Quinn (1992) supports a view of the nurse as the environment of a patient, not merely in the environment, suggesting that the very presence of the nurse may create or negate an environment conducive to healing. Martin Buber (1923), presents a philosophical notion that humans relate on one of two levels. The first is an I-It relation between the subject and an object. The second, ideal level of relating, is on an I-Thou level in which the two subjects are no longer distinct, separate entities, but a unification of being. The term “living mutual relation” is used to describe an I-Thou state that is not based on feelings alone, but on a true connectedness on every level.

Conclusion

Nursing researchers and theorists describe the practice of bearing witness as offering presence, being a fundamental part of nursing ethics, and as crucial to the nurse-patient relationship and its contribution to the healing process. Modern nursing practice often neglects to uphold this moral, ethical, and beneficial skill. Nurses feeling pressured for time are much less likely to offer true presence or engage in any meaningful nurse-person relationship and may, therefore, unknowingly ignore crucial details about the patient’s mental, physical, or emotional state of suffering and deny appropriate care. To embrace the entirety of good, ethical nursing is to recognize the need for offering genuine, loving presence, engage in a nurse-patient relationship that fosters trust, and promote healing by way of bearing witness.

References:


http://www.thomasandwan.com/images/wheelchair.jpg